

FEB. 14 2006

Atty Docket No. 16869S-038200US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Mark P. Francis

Group Art Unit 2193

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Mark P. Francis**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Wataru Takagi, et al., Application No. 09/988,438, filed November 20, 2001 for SYSTEM AND METHOD FOR MAPPING STRUCTURED DOCUMENT TO STRUCTURED DATA OF PROGRAM LANGUAGE AND PROGRAM FOR EXECUTING ITS METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Amendment;
3. Fee Transmittal (in duplicate); and
4. Petition for Extension of Time.

Number of pages being transmitted, including this page: 17

Dated: February 14, 2006



Sirpa Kirjonen

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 415-576-0200
Fax: 415-576-0300

FEB. 14 2006

PTO/SB/21 (09-04)

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

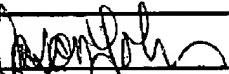
| | |
|----------------------|-------------------|
| Application Number | 09/988,438 |
| Filing Date | November 20, 2001 |
| First Named Inventor | Takagi, Wataru |
| Art Unit | 2193 |
| Examiner Name | Mark P. Francis |
| | |
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| | |

Attorney Docket Number

16869S-038200US

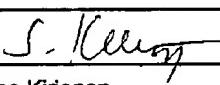
| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Jason D. Lohr | | |
| Date | February 14, 2006 | Reg. No. | 48,163 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on February 14, 2006.

| | |
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| Signature |  |
| Typed or printed name | Sirpa Kirjonen |
| Date | February 14, 2006 |

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003/018

PTO/SB/17 (12-04)

| | | | |
|---|--|--|--|
| FEE TRANSMITTAL For FY 2006 | | Complete If Known | |
| <small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small> | | Application Number 09/988,438 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date November 20, 2001 | |
| TOTAL AMOUNT OF PAYMENT (\$) (\$ 400) | | First Named Inventor Takagi, Wataru | |
| | | Examiner Name Mark P. Francis | |
| | | Art Unit 2193 | |
| | | Attorney Docket No. 16869S-038200US | |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|---------------|
| | Small Entity | | Small Entity | | Small Entity | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) **Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|---------------|----------|---------------|---------------------------|---------------|
| 18 | -20 or HP = 0 | x \$50 | = \$0 | Fee (\$) | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 6 | -3 or HP = 2 | x \$200 | = \$400 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

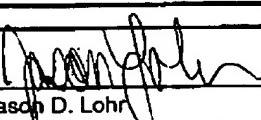
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

| | | |
|---------------------|---|---|
| SUBMITTED BY | | |
| Signature |  | Registration No. (Attorney/Agent) 48,163 |
| Name (Print/Type) | Jason D. Lohr | Telephone 415-576-0200 |
| | | Date February 14, 2006 |

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FEB 14 2006

PTO/SB/17 (12-04)

| | | | | | | | | | | | | | | | |
|--|-------------------|---|--|--------------------|------------|-------------|-------------------|----------------------|----------------|---------------|-----------------|----------|------|---------------------|-----------------|
| <p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center;">Fee Transmittal For FY 2006</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p style="text-align: center;">Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/988,438</td> </tr> <tr> <td>Filing Date</td> <td>November 20, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Takagi, Wataru</td> </tr> <tr> <td>Examiner Name</td> <td>Mark P. Francis</td> </tr> <tr> <td>Art Unit</td> <td>2193</td> </tr> <tr> <td>Attorney Docket No.</td> <td>18869S-038200US</td> </tr> </table> | | Application Number | 09/988,438 | Filing Date | November 20, 2001 | First Named Inventor | Takagi, Wataru | Examiner Name | Mark P. Francis | Art Unit | 2193 | Attorney Docket No. | 18869S-038200US |
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| TOTAL AMOUNT OF PAYMENT | (\$ 400) | | | | | | | | | | | | | | |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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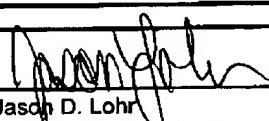
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|--------------|--------------|--|----------|---------------|
| | | (round up to a whole number) | x | = |
| - 100 = | / 50 = | | | |

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| Date | February 14, 2006 |

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